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CONFIRMATION NO. 5669

<b>SERIAL NUMBER</b> 10/559,400	<b>FILING OR 371(c) DATE</b> 05/25/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> John C. Opie, Scottsdale, AZ; Stephen J. Joyce, Phoenix, AZ; Thomas Izdebski, Phoenix, AZ;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/18134 06/07/2004 which claims benefit of 60/476,663 06/05/2003 and claims benefit of 60/539,158 01/26/2004				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/09/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> AZ	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 30
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> JOHN C. OPIE 3337 N. MILLER ROAD #105 SCOTTSDALE, AZ85251				
<b>TITLE</b> Surgical drains				
<b>FILING FEE RECEIVED</b> 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	